

COVID-19 Screener

1. ☐ Yes ☐ No Have you tested positive for COVID-19 following a nasal swab or saliva test?
If yes, when did you last test positive? _____
2. ☐ Yes ☐ No Have you been exposed to anyone who has tested positive for COVID-19?
If yes, when were you last exposed? _____
Have you been tested since you were exposed to this person? ☐ Yes ☐ No
3. ☐ Yes ☐ No Are you currently experiencing any symptoms of illness, including fever, cough, shortness of breath or difficulty breathing, muscle or body aches, loss of taste or smell, sore throat, or congestion?
If yes, please explain: _____

Have you been tested for COVID-19 since acquiring these symptoms?
☐ Yes, positive ☐ Yes, negative ☐ No
4. ☐ Yes ☐ No Do you have any conditions or medical diagnoses which put you in a high risk category of experiencing very serious effects or death from COVID-19?
If yes, would serving as a juror present a serious personal hardship to you because of risks to your health? ☐ Yes ☐ No
5. ☐ Yes ☐ No Do you live with anyone who is in a high risk category of contracting or experiencing death from COVID-19?
If yes, would serving as a juror present a personal hardship to you because of risks to their health?
☐ Yes ☐ No
6. ☐ Yes ☐ No Are you willing to comply with the Court's instructions regarding social distancing, which may include wearing a mask throughout the duration of trial and deliberations?
7. How concerned are you that you or a loved one will acquire COVID-19?
☐ Very concerned ☐ Somewhat concerned
☐ Slightly concerned ☐ Not concerned

Exhibit 1

You shall not blog, Tweet, use Yahoo, Google, or use any other search engine or the internet to obtain or share information about the parties, attorneys or subject matter involved in the case while serving as a juror. Will you abide by this order as a juror? ☐ Yes ☐ No Badge #: _____

Name: _____ Age: _____

1. Do you: ☐ Own your home ☐ Rent ☐ Live with homeowners ☐ Other: _____

2. What is the highest level of education you have completed? (check one)

- ☐ Some high school ☐ Some college/ AA degree (Major: _____)
- ☐ High school graduate ☐ 4-year college graduate (Major: _____)
- ☐ Technical/Vocational ☐ Post-graduate study (Major/degree: _____)
- ☐ Other (please list any certificates or degrees you have obtained): _____

3. Your current employment status (check all that apply):

- ☐ Employed Full Time ☐ Homemaker ☐ Retired for _____ years ☐ Part-time Student
- ☐ Employed Part Time ☐ Disabled ☐ Unemployed, looking for work ☐ Full-time Student
- ☐ Temporarily Laid Off ☐ Self-employed ☐ Unemployed, not looking for work

4. What is your current /**most recent** occupation? _____

What organization or company do you work for? _____ How long? _____

5. Is your spouse/partner employed outside of the home? ☐ Yes ☐ No ☐ Not applicable

a. If **YES**, what do they do and where are they employed? _____

b. If **NO**, what work outside the home have they done in the past? _____

6. Have you, your spouse/partner or someone in your household ever served in the military, or worked on a military base as a civilian? ☐ Yes, I have ☐ Yes, spouse/partner ☐ Yes, someone in household ☐ No

If **YES**, please list the branch of service and dates of service for each: _____

Please state what jobs within the military or on base each person had (e.g., boiler room, mechanic, etc.) _____

7. Do you, or anyone close to you, have work experience with aircraft, or drilling and sanding aircraft components?

- ☐ Yes, I have ☐ Yes, spouse/partner ☐ Yes, someone close ☐ No

If YES, please state who and their employer/experience: _____

8. At work or home, have you, or someone close to you ever worn a disposable respirator mask to protect you/them from toxins or airborne particles? ☐ Yes, self ☐ Yes, someone close ☐ No If YES, please explain: _____

How well did you feel that the respiratory safety equipment protected you? _____

9. Do you, or anyone close to you, have any concerns about health risks as a result of where you/they lived or worked?

- ☐ Yes, self ☐ Yes, someone close ☐ No If YES, please explain: _____

10. Have you, or anyone close to you, ever worked with or been exposed to substances or chemicals that you believe were a health hazard? ☐ Yes, self ☐ Yes, someone close ☐ No If YES, please explain _____
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11. Have you or anyone in your family ever sued, filed a lawsuit, or made a claim against anyone or a company? ☐ Yes ☐ No If YES, what did the lawsuit/claim involve? _____
Were you/they satisfied with the result? ☐ Yes, I was ☐ Yes, they were ☐ No ☐ Still Pending
Please explain: _____
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12. Have you or someone close to you ever made a claim for disability or personal injury as a result of an accident or sickness involving your/their job? ☐ Yes, self ☐ Yes, someone close ☐ No
If YES, please explain: _____
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13. Do you have any work-related medical conditions you are currently being treated for? ☐ Yes ☐ No
If YES, please explain: _____
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14. Have you, or has anyone close to you, ever been involved in the care of someone with a serious illness or disability, or been involved with an organization that cares for seriously ill people? ☐ Yes, self ☐ Yes, someone close ☐ No
If YES, please explain: _____
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15. Have you, a family member, or anyone close to you ever had any illness, disease, or medical condition that you believe was caused by exposure to asbestos or any potentially toxic substance (e.g., chemicals, etc.)? ☐ Yes, self ☐ Yes, someone close ☐ No ☐ Don't Know
If YES or don't know, please explain: _____
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16. Please indicate how you feel about the following statement: Any amount of exposure to harmful substances will develop into a serious illness sooner or later. ☐ Agree ☐ Disagree
17. Please indicate how you feel about the following statement: Companies that manufacture products to keep people safe from toxic materials should be held to higher standards and stricter regulations than companies that manufacture other products. ☐ Agree ☐ Disagree
18. From what you have read or heard, do you think that in recent years, the money awards from lawsuits have generally been: (check one) ☐ About right ☐ Too low ☐ No opinion
19. Have you, or any one you know, ever been involved in a lawsuit, settlement, or claim involving exposure to asbestos, silica, a drug, or a potentially hazardous substance? ☐ Yes, self ☐ Yes, someone close ☐ No
If YES, please explain: _____
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20. In a lawsuit between an individual plaintiff against a corporate defendant, would you tend to favor one side or the other, regardless of the evidence? ☐ Yes ☐ No ☐ Unsure
If YES or Unsure, please explain: _____
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21. Is there anything not covered by this questionnaire that could affect your ability to serve as a juror in this case (including ethical, religious, political or other beliefs, or medical problems)? ☐ Yes ☐ No
If YES, please explain: _____
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(date)

(Signature)